U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 92 Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER FILED FOR NUMBER EXTRA RATE FEE RATE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS 18 (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) (Column 1) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-ENDMENT AFTER **PREVIOUSLY EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total Minus コ x s 18 (37 CFR 1 16(c)) OR Minus Independent (37 CFR 1,16(b)) OR 280) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST PRESENT ADDI-RATE REMAINING NUMBER RATE ADDI-**EXTRA** TIONAL FEE TIONAL FEE AFTER PREVIOUSLY PAID FOR <u>AMENDMENT</u> Total (37 CFR 1.16(c)) Minus ENDM ١X X S OR Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL ADD'L FEE OR (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-**PREVIOUSLY EXTRA** ENT AFTER TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus ENDM 7 ΩR Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) + sH) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20" *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

PATENT APPL	D 69/412.792 '							
CLAIMS AS FILED - PART I (Column 1) (Column 2)				SMALL TYPE	ENTITY	OR	OTHER	
FOR	NUMBER FILED	NUMBER	EXTRA	RATE	FEE	1	RATE	FEE
BASIC FEE					380.00	OR		760.00
TOTAL CLAIMS	多つ minus 20)= • (B)		X\$ 9=		OR	X\$18=	180
INDEPENDENT CLAIMS	1	= 4		X39=	•	OR	X78=	3/2
MULTIPLE DEPENDENT CLAIM PRESENT				+130=		OR	+260=	
* if the difference in column 1 is less than zero, enter "0" in column 2				TOTAL		OR	TOTAL	1252
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)				SMALL	ENTITY	OR	OTHER SMALL	
▼ REA	LAIMS MAINING IFTER NDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total + 3	Minus Minus	- 30	- /	X\$ 9=		OR	X\$18=	
Independent +	/ Minus ON OF MULTIPLE DEPE	*** 7	= /	X39=		OR	X78=	
T. IIIO T TILOLOGIA	ON OF MIDERIA DE DEFE	NOCITY ODAIN		+130=		OR	+260=	
3/4/03 100	lumn 1)	(Column 2)	(Column 3)	TOTAL ADDIT. FEE		OR ,	TOTAL ADDIT. FEE	20
REI	LAIMS MAINING IFTER NOMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total	Minus	<u>~ 30</u>	= /	X\$ 9=		OR	X\$18=	
Independent *	ON OF MULTIPLE DEPE	NDENT CLAIM	- /	X39=		OR	X TO	
				+130=		OR	2000 P	- /
5/9/03:				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	B
C REI	LAIMS MAINING FTER NOMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total •	3-0- Minus	- 30	- /	X\$ 9=	•.	OR	X\$18≃	T
Independent +	Minus ON OF ALLI TIPLE DEPE	NIDENT CLÁIM	= /	X39=		OR	X76=	1.
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLÁIM +130= * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.						OR	280 260	
** If the "Highest Number Pr ***If the "Highest Number P	less than the entry in column reviously Paid For' IN THIS ! reviously Paid For' (Total or In	SPACE is less that SPACE is less that	n 20, enter "20." n 3, enter "3."	TOTAL ADDIT. FEE and in the app	ropriate box		TOTAL ADDIT. FEE IMN 1.	P